

1

INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

611

## CERTIFICATE OF DEATH

00600

Items 3,9, FilmG192 2-15-56 et

Reg. Dist. No. 166

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>			
COUNTY <b>Garrett</b>		STATE <b>Md.</b> COUNTY <b>Garrett</b>		CITY (If outside corporate limits, write RURAL and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
CITY OR TOWN <b>Oakland</b>		LENGTH OF STAY (In this place) <b>5 yrs.</b>		CITY OR TOWN <b>Accident</b>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Cuppett Nursing Home</b>				STREET ADDRESS (If rural give location) <b>/</b>			
<b>3. NAME OF DECEASED</b> (First) <b>Ralph</b> (Middle) <b>McClellan</b> (Last) <b>Alexander</b>				<b>4. DATE OF DEATH</b> (Month) <b>1</b> (Day) <b>26</b> (Year) <b>56</b>			
<b>5. SEX</b> <b>Male</b>		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)</b>		<b>8. DATE OF BIRTH</b> <b>8/1/1864</b>	
<b>9. AGE last birthday</b> <b>91</b> yrs.		<b>10. KIND OF BUSINESS OR INDUSTRY</b> <b>Farmer</b>		<b>11. BIRTHPLACE (State or foreign country)</b> <b>Accident, Md.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	
<b>13. FATHER'S NAME</b> <b>William Alexander</b>				<b>14. MOTHER'S MAIDEN NAME</b> <b>Elizabeth Wilburn</b>			
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unk.)		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT &amp; ADDRESS</b> <b>Mrs. Priscille Beitzell, Accident Md.</b>			
<b>18. MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>			
<b>I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b>				<b>3 days</b>			
<b>794X IMMEDIATE CAUSE (A)</b> <b>Infirmities of Age</b>							
<b>ANTECEDENT CAUSE(S) DUE TO (B)</b>							
<b>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)</b>							
<b>11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</b>							
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)</b>		<b>21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)</b>		<b>21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)</b>			
<b>21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)</b>		<b>21e. INJURY OCCURRED White at work <input type="checkbox"/> Not white at work <input type="checkbox"/></b>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from Jan 1, 1956, to Jan 26, 1956, that I last saw the deceased alive on Jan 25, 1956, and that death occurred at 12:30 P.M. from the causes and on the date stated above.</b>							
<b>SIGNATURE</b> <b>Arthur F. Jones Jr.</b>				<b>DATE SIGNED</b> <b>1-26-56</b>			
<b>23. BURIAL, CREMATION, REMOVAL (SPECIFY)</b> <b>Burial</b>		<b>DATE THEREOF</b> <b>1/28/56</b>		<b>NAME OF CEMETERY OR CREMATORY</b> <b>Brethern Cemetery</b>		<b>LOCATION (City, town, or county)</b> <b>Accident, Md.</b>	
<b>24. REC'D BY REGISTRAR</b> <b>1/28/56</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Julia Rowan</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Emory Bolden</b>		<b>ADDRESS</b> <b>Oakland, Md.</b>	

# CERTIFICATE OF DEATH

Form No. 1

1. Name of deceased  
2. Sex  
3. Age  
4. Date of birth  
5. Date of death  
6. Place of death  
7. Cause of death  
8. Signature of physician  
9. Signature of registrar  
10. Signature of coroner

MASSACHUSETTS  
DEPARTMENT OF HEALTH  
BOSTON

11. Name of informant  
12. Address of informant  
13. Signature of informant  
14. Date of completion

15. Name of informant

16. Address of informant

17. Signature of informant

18. Date of completion

BUREAU V. 3

1956 3 12

RECEIVED

MASSACHUSETTS

1. Name of deceased  
2. Sex  
3. Age  
4. Date of birth  
5. Date of death  
6. Place of death  
7. Cause of death  
8. Signature of physician  
9. Signature of registrar  
10. Signature of coroner  
11. Name of informant  
12. Address of informant  
13. Signature of informant  
14. Date of completion  
15. Name of informant  
16. Address of informant  
17. Signature of informant  
18. Date of completion  
19. Name of informant  
20. Address of informant  
21. Signature of informant  
22. Date of completion

1

INSTRUCTIONS

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**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00601

612

## CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH COUNTY <u>Garrett</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frostburg R.D.# 2</u>				2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Garrett</u> CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural</u> STREET ADDRESS (If rural give location) <u>Frostburg R.D.# 2</u>			
3. NAME OF DECEASED (Type or Print) <u>Ivy Goldie Bittner</u> (First) (Middle) (Last)				4. DATE OF DEATH <u>Jan. 9, 1956</u> (Month) (Day) (Year)			
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 4, 1895</u>	9. AGE last birthday <u>61</u> yrs.	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Elk Garden, W.va.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13. FATHER'S NAME <u>John Bucklew</u>				14. MOTHER'S MAIDEN NAME <u>Martha Shaffer</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS <u>E. G. Bittner Frostburg, Md.</u>			
18. MEDICAL CERTIFICATION 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>450.0 IMMEDIATE CAUSE (A) Thrombosis</u> DUE TO ANTECEDENT CAUSE(S) (B) <u>arteriosclerosis</u> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>15 yr</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> White at work <input type="checkbox"/> Not white at work <input type="checkbox"/>		21e. INJURY OCCURRED		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan. 8, 1956</u> to <u>Jan. 10, 1956</u> , that I last saw the deceased alive on <u>Jan. 5, 1956</u> , and that death occurred at <u>7:35 P.M.</u> from the causes and on the date stated above. SIGNATURE <u>E. G. Bittner</u> M.D. DATE SIGNED <u>Jan. 10, 1956</u>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE/THEREOF <u>Jan. 12, 56</u>		NAME OF CEMETERY OR CREMATORY <u>Greenville CEMETERY</u>		LOCATION (City, town, or county) (State) <u>Meyersdale R.D. Som. Co. Pa.</u>	
24. REC'D BY REGISTRAR DATE <u>1/11/56</u>		REGISTRAR'S SIGNATURE <u>Ethel Broadwater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley M. Thomas</u>		ADDRESS <u>Salisbury, Pa.</u>	

00874

MASSACHUSETTS DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

MASSACHUSETTS DEPARTMENT OF HEALTH

REGISTRATION DIVISION

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

Handwritten details of the death certificate, including names, dates, and medical information.

BUREAU V. S.

JAN 12 1955

RECEIVED

MASSACHUSETTS DEPARTMENT OF HEALTH  
REGISTRATION DIVISION  
100 STATE STREET, 10TH FLOOR  
BOSTON, MASSACHUSETTS 02109

1

INSTRUCTIONS

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VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00602

613

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>			
COUNTY <u>GARRETT</u>		STATE <u>MARYLAND</u>		STATE <u>W.VA.</u>		COUNTY <u>GRANT</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
<u>X</u> TOWN <u>OAKLAND</u>		<u>14 Hrs. 30 Min</u>		TOWN <u>RURAL</u>		<u>GORMANIA 8.5 x .3</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>GARRETT COUNTY MEMORIAL HOSPITAL</u>				STREET ADDRESS (If rural give location) <u>ROUTE # 1 BOX 39</u>			
<b>3. NAME OF DECEASED</b> (First) (Middle) (Last) <u>JOHN A. BLAMBLE</u>				<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>1 4 19 56</u>			
<b>5. SEX</b> <u>MALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)</b> <u>MARRIED</u>	<b>8. DATE OF BIRTH</b> <u>3-27-1875</u>		<b>9. AGE last birthday</b> <u>80</u> yrs.	<b>IF UNDER 1 YEAR</b> (Months) (Days) (Hours) (Min.) <b>IF UNDER 24 HRS.</b> (Hours) (Min.)	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>NEAR WILSON, W.VA.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	
<b>13. FATHER'S NAME</b> <u>JOHN B LAMBLE</u>				<b>14. MOTHER'S MAIDEN NAME</b> <u>CHRISTINE KNEPP</u>			
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unk.) (If Yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT &amp; ADDRESS</b> <u>ROUTE 1 OAKLAND, MARYLAND</u> <u>MADELINE H. BLAMBLE, DAUGHTER INLAW</u>			
<b>I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b>				<b>18. MEDICAL CERTIFICATION</b>			
<b>420.1 IMMEDIATE CAUSE (A)</b> <u>Pulmonary Embolus, left</u>				<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>21 hrs.</u>			
<b>ANTECEDENT CAUSE(S) DUE TO (B)</b> <u>Coronary artery disease &amp; arrhythmia</u>				<u>2 years</u>			
<b>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)</b> <u>Arteriosclerosis</u>							
<b>11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</b>							
<b>19a. DATE OF OPERATION</b>				<b>19b. MAJOR FINDINGS OF OPERATION</b>			
<b>21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)</b>				<b>21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)</b>		<b>21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)</b>	
<b>21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)</b>				<b>21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/></b>		<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at....., 19....., from the causes and on the date stated above.</b>							
<b>SIGNATURE</b> <u>[Signature]</u>				<b>ADDRESS (Street, city, town, state)</b> <u>Oakland Md</u>		<b>DATE SIGNED</b> <u>5 June 56</u>	
<b>23. BURIAL, CREMATION, REMOVAL (SPECIFY)</b> <u>BURIAL</u>				<b>DATE THEREOF</b> <u>JUN-7-1956</u>		<b>NAME OF CEMETERY OR CREMATORY</b> <u>REDHOUSE CEMETERY</u>	
<b>24. REC'D BY REGISTRAR</b> <u>1/7/1956</u>				<b>REGISTRAR'S SIGNATURE</b> <u>Julia A. Pawan</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Emory Bolden</u>	
<b>DATE</b>				<b>ADDRESS</b>		<b>STATE</b>	
				<u>OAKLAND MD</u>			



CERTIFICATE OF DEATH

1911

DATE OF DEATH

PLACE OF DEATH

INSTITUTION

RECEIVED  
STATE DEPARTMENT OF HEALTH  
BALTIMORE, MD.  
JAN 24 1911

BUREAU V. S.

JAN 24 1911

RECEIVED

1

INSTRUCTIONS

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VS A15C 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00603

614

## CERTIFICATE OF DEATH

Reg. Dist. No. 162

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>			
COUNTY <u>Garrett</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Garrett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>X</u> TOWN <u>Rural Grantsville,</u>		LENGTH OF STAY (in this place) <u>life</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Rural Grantsville</u>		<u>X</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)		<u>1</u>	
<b>3. NAME OF DECEASED</b> (First) (Middle) (Last) <u>ROBERT</u> <u>HAMPTON</u> <u>BUTLER</u>				<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Jan.</u> <u>2</u> <u>1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 4, 1869</u>	9. AGE last birthday <u>86</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>		11. BIRTHPLACE (State or foreign country) <u>Garrett Co., Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Butler</u>				14. MOTHER'S MAIDEN NAME <u>Sally Patton</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT & ADDRESS <u>Mrs. Earl Burow, Grantsville, R.D.</u>			
<b>I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b>				<b>18. MEDICAL CERTIFICATION</b>			
420.1 IMMEDIATE CAUSE (A) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Dead immediately</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>Coronary Heart Disease</u>				<u>?</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) <u>Pernicious Anemia</u>				<u>?</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> A. <input type="checkbox"/> P. <input type="checkbox"/> N. <input type="checkbox"/>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 1955</u> to <u>Dec. 28, 1955</u> , that I last saw the deceased alive on <u>Dec. 28, 1955</u> , and that death occurred at <u>1:45 AM</u> , from the causes and on the date stated above.							
SIGNATURE <u>Ralph Calandrella</u>				ADDRESS (Street, city, town, state) <u>Kitzmiller Md</u>		DATE SIGNED <u>Jan 4-56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>1/5/56</u>		NAME OF CEMETERY OR CREMATORY <u>Grantsville</u>		LOCATION (City, town, or county) (State) <u>Grantsville, Garrett Co., Md.</u>	
24. REC'D BY REGISTRAR <u>Jan 4/56</u>		REGISTRAR'S SIGNATURE <u>Ethel Broadwater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Conrad Newman</u>		ADDRESS <u>Grantsville, Md.</u>	

100-100000

MAINTAIN STATE OF HEALTH-RECORDING IS

# CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

NAME OF DECEASED

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

NAME OF DECEASED

SEX

AGE

DATE OF BIRTH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

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NAME OF DECEASED

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DATE OF BIRTH

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PLACE OF BIRTH

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

NAME OF DECEASED

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

BUREAU V. S.

JAN 9 1958

RECEIVED

RECEIVED



1

INSTRUCTIONS

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**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00604

615

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>			
COUNTY <u>Garret</u>		STATE <u>Maryland</u> COUNTY <u>Allegany</u>		CITY <u>Cumberland</u>		TOWN <u>Cumberland</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		TOWN	
TOWN <u>Oakland</u>		<u>One Year</u>		STREET ADDRESS <u>17. Valley Street</u>		(If rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Weeks Nursing Home</u>				STREET ADDRESS <u>17. Valley Street</u>			
<b>3. NAME OF DECEASED</b> (First) (Middle) (Last)				<b>4. DATE OF DEATH</b> (Month) (Day) (Year)			
<u>Sarah E. Coleman</u>				<u>January 1 1956</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Sept 19 1879</u>	9. AGE last birthday <u>76</u> yrs.	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House (own)</u>		11. BIRTHPLACE (State or foreign country) <u>Cumberland, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13. FATHER'S NAME <u>Henry Coleman</u>				14. MOTHER'S MAIDEN NAME <u>Sarah Bucy</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS <u>Quinten Griffey, Ellerslie Rd</u>			
<b>18. MEDICAL CERTIFICATION</b>						<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						<u>5 days</u>	
IMMEDIATE CAUSE (A) <u>Infirmities of Old Age</u>							
ANTECEDENT CAUSE(S) DUE TO (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, or INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While <input type="checkbox"/> at work Not while <input type="checkbox"/> at work		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 1</u> , 19 <u>56</u> , to <u>Jan 1</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Jan 1</u> , 19 <u>56</u> , and that death occurred at <u>6:12 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Arthur F. Jones</u>				ADDRESS (Street, city, town, state) <u>Oakland Md</u>		DATE SIGNED <u>Jan 2, 1956</u> (State)	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Jan 4 1956</u>		NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>		LOCATION (City, town, or county) <u>Cumberland, Md.</u>	
24. REC'D BY REGISTRAR <u>Jan 3/56</u>		REGISTRAR'S SIGNATURE <u>Julia C. Rowan LR</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur F. Jones</u> ADDRESS <u>Cumberland, Md.</u>			

CERTIFICATE OF DEATH

1. Name of deceased: \_\_\_\_\_

2. Sex: \_\_\_\_\_

3. Age: \_\_\_\_\_

4. Date of birth: \_\_\_\_\_

5. Place of birth: \_\_\_\_\_

6. Date of death: \_\_\_\_\_

7. Cause of death: \_\_\_\_\_

8. Signature of physician: \_\_\_\_\_

9. Signature of registrar: \_\_\_\_\_

10. Date of registration: \_\_\_\_\_

RECEIVED  
JAN 9 1913  
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  
**MEDICAL EXAMINER'S CERTIFICATE OF DEATH**

No. 162

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY	Garrett	STATE	Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL OR and give nearest town)	Rural Grantsville	CITY (If outside corporate limits write RURAL and give nearest town)	Rural Grantsville
TOWN	Grantsville	STREET ADDRESS	(If rural, give location)
HOSPITAL OR INSTITUTION OR STREET ADDRESS			
3. NAME OF DECEASED:		4. DATE OF DEATH	
(First)	(Middle)	(Last)	(Month) (Day) (Year)
LLOYD	ERNEST	DURST	JAN 14 1956
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:
male	white	Married	Feb. 22, 1903
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):		10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):
Woodsmen		cut posts	Garrett Co., Md.
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
Eli Durst		Catherine Bittinger	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.:	
		213-18-2581	
17. INFORMANT & ADDRESS:		18. MEDICAL CERTIFICATION	
Calvin Durst, Grantsville, RD., Md.		INTERVAL BETWEEN ONSET AND DEATH	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		18. MEDICAL CERTIFICATION	
Immediate cause (a) DUE TO		SELF INFLICTED GUNSHOT WOUNDS TO HEAD AND CHEST	
Antecedent cause(s) (b) DUE TO			
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:	
21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE (Home, farm, factory, street, office bldg., etc.)	
		Home Grantsville Garrett Md	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at work Not while at work	
Jan 14 - 1956 11 AM		Not while at work	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input checked="" type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .		21f. HOW DID INJURY OCCUR?	
SIGNATURE		Shot self in head & chest	
E. J. Baumgartner			
23. BURIAL, CREMATION, REMOVAL (Specify):		24. FUNERAL DIRECTOR	
Burial		ADDRESS	
DATE THEREOF		1/17/56	
NAME OF CEMETERY OR CREMATORY		Durst	
LOCATION (City, town, or county)		Rural Grantsville, Garrett Co.	
DATE REC'D BY LOCAL REG.		1/16/56	
REGISTRAR'S SIGNATURE		Ethel Broadwater	
		Donald J. Newman	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JAN 19 1936

RECEIVED

617

## CERTIFICATE OF DEATH

Reg. Dist. No. 163

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Garrett</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Garrett</u>	
CITY OR TOWN <u>Bloomington</u>		LENGTH OF STAY (in this place) <u>60 years</u>		CITY OR TOWN <u>Bloomington</u>		(If outside corporate limits, write RURAL and give nearest town)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>Floyd</u> (Middle) <u>Alvin</u> (Last) <u>Fazenbaker</u>				(Month) <u>Jan</u> (Day) <u>15</u> (Year) <u>1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9 Dec 1892</u>	9. AGE last birthday <u>63</u> yrs.	10. IF UNDER 1 YEAR		11. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Liner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Mine</u>		11. BIRTHPLACE (State or foreign country) <u>Shaw, West Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13. FATHER'S NAME <u>George Fazenbaker</u>				14. MOTHER'S MAIDEN NAME <u>Carrie Wise</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>236-03-2588</u>		17. INFORMANT & ADDRESS <u>Bloomington, Md.</u> <u>Mrs. Floyd Fazenbaker</u>			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				IMMEDIATE CAUSE (A) <u>myocarditis</u>			
2. ANTECEDENT CAUSE(S) DUE TO				DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) <u>chronic asthma</u>			
3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				(C)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> A. <input type="checkbox"/>		21e. INJURY OCCURRED While <input type="checkbox"/> at work Not while <input type="checkbox"/> at work		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1945</u> , 19 <u>56</u> , to <u>Jan 15</u> , 19 <u>56</u> that I last saw the deceased alive on <u>Jan 15</u> , 19 <u>56</u> , and that death occurred at <u>12 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>R. Berry</u>				DATE SIGNED <u>W. Va.</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>18 Jan 56</u>		NAME OF CEMETERY OR CREMATORY <u>Bloomington Cemetery</u>		LOCATION (City, town, or county) (State) <u>Bloomington, Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <u>Dorsey Pattison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. ...</u>		ADDRESS <u>Westernport, Md.</u>	

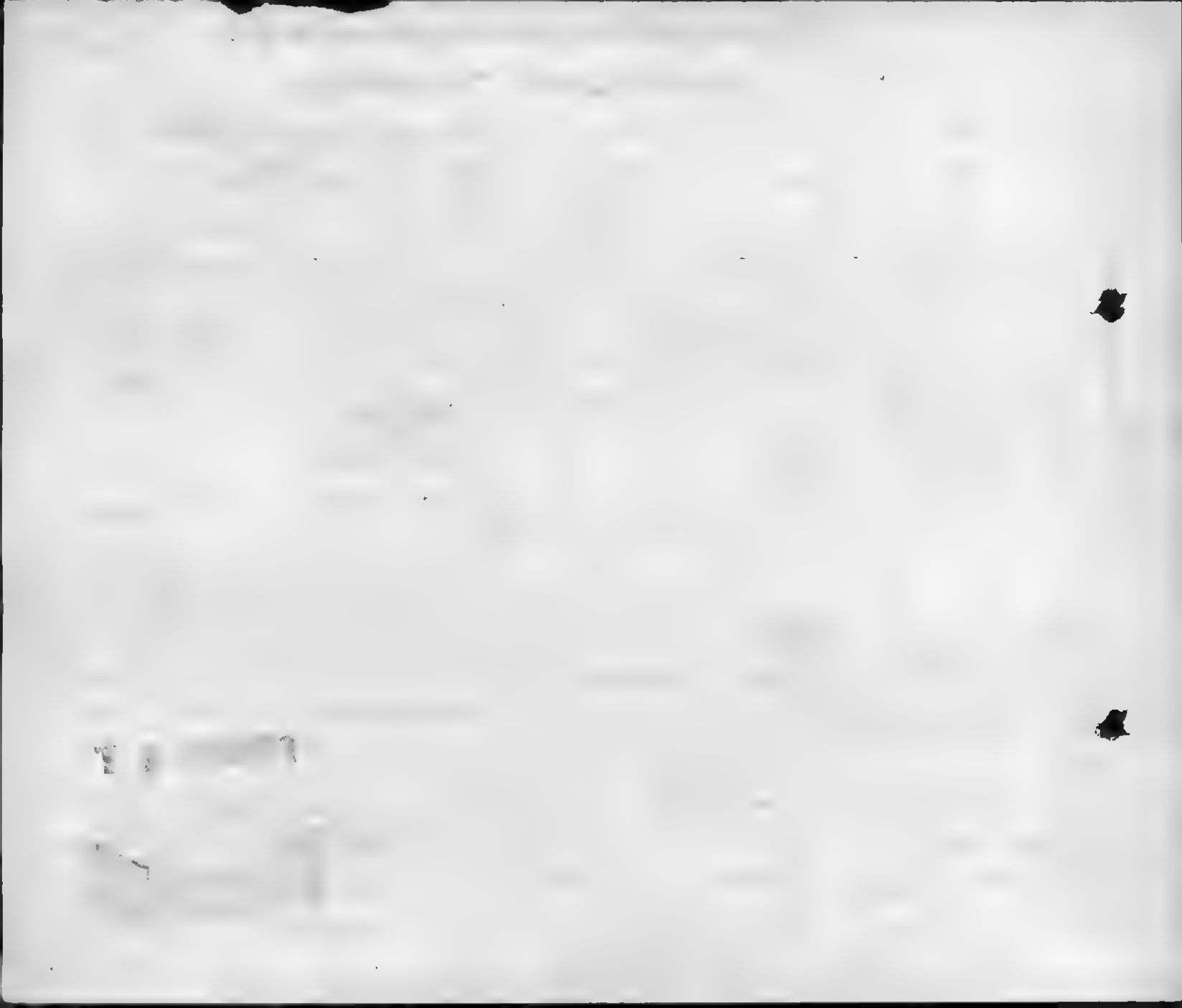
INSTRUCTIONS

1. TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

2. TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M





1

## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

613

## CERTIFICATE OF DEATH

00607

Reg. Dist. No. 166

Item 9. Film G192 2-7-56 et

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <b>Garrett</b>		MARYLAND		STATE <b>W. Va.</b>		COUNTY <b>Monongah</b>	
CITY (If outside corporate limits, write RURAL or and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <b>Oakland</b>		<b>2 yrs.</b>		TOWN <b>Morgantown</b>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Week's Nursing Home</b>				STREET ADDRESS (If rural give location) <b>429 Park St.</b>			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<b>James Frederick Fulton</b>				<b>Jan 25, 1956</b>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
<b>Male</b>	<b>White</b>	<b>Widowed</b>	<b>8/12/1870</b>	<b>85 86 yrs.</b>	Months	Days	Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
					<b>Patterson, Missouri</b>		<b>U.S.A.</b>
13. FATHER'S NAME <b>Horatio Thompson Fulton</b>				14. MOTHER'S MAIDEN NAME <b>Elizabeth Long Rowland</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <b>No.</b>				16. SOCIAL SECURITY NO.			
				17. INFORMANT & ADDRESS <b>429 Park St. Thompson Fulton, Morgantown, W.Va.</b>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <b>Senile Degeneration</b>							
ANTECEDENT CAUSE(S) DUE TO (B) <b>Generalized Arteriosclerosis</b>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Jan 24, 1956</b> to <b>Jan 25, 1956</b> , that I last saw the deceased alive on <b>Jan 24, 1956</b> , and that death occurred at <b>5:35 P.M.</b> from the causes and on the date stated above.							
SIGNATURE <b>[Signature]</b>				ADDRESS (Street, city, town, state) <b>25 Alder St., Oakland, Md.</b>		DATE SIGNED <b>1/26/56</b>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Removal</b>		DATE THEREOF <b>1/28/1956</b>		NAME OF CEMETERY OR CREMATORY <b>Coldwater</b>		LOCATION (City, town, or county) (State) <b>Coldwater Mo.</b>	
24. REC'D BY REGISTRAR <b>Jan-26/56</b>		REGISTRAR'S SIGNATURE <b>Julia A Rowan R.P.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Emory Bolden</b>		ADDRESS <b>Oakland, Md.</b>	



1

INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

619

## CERTIFICATE OF DEATH

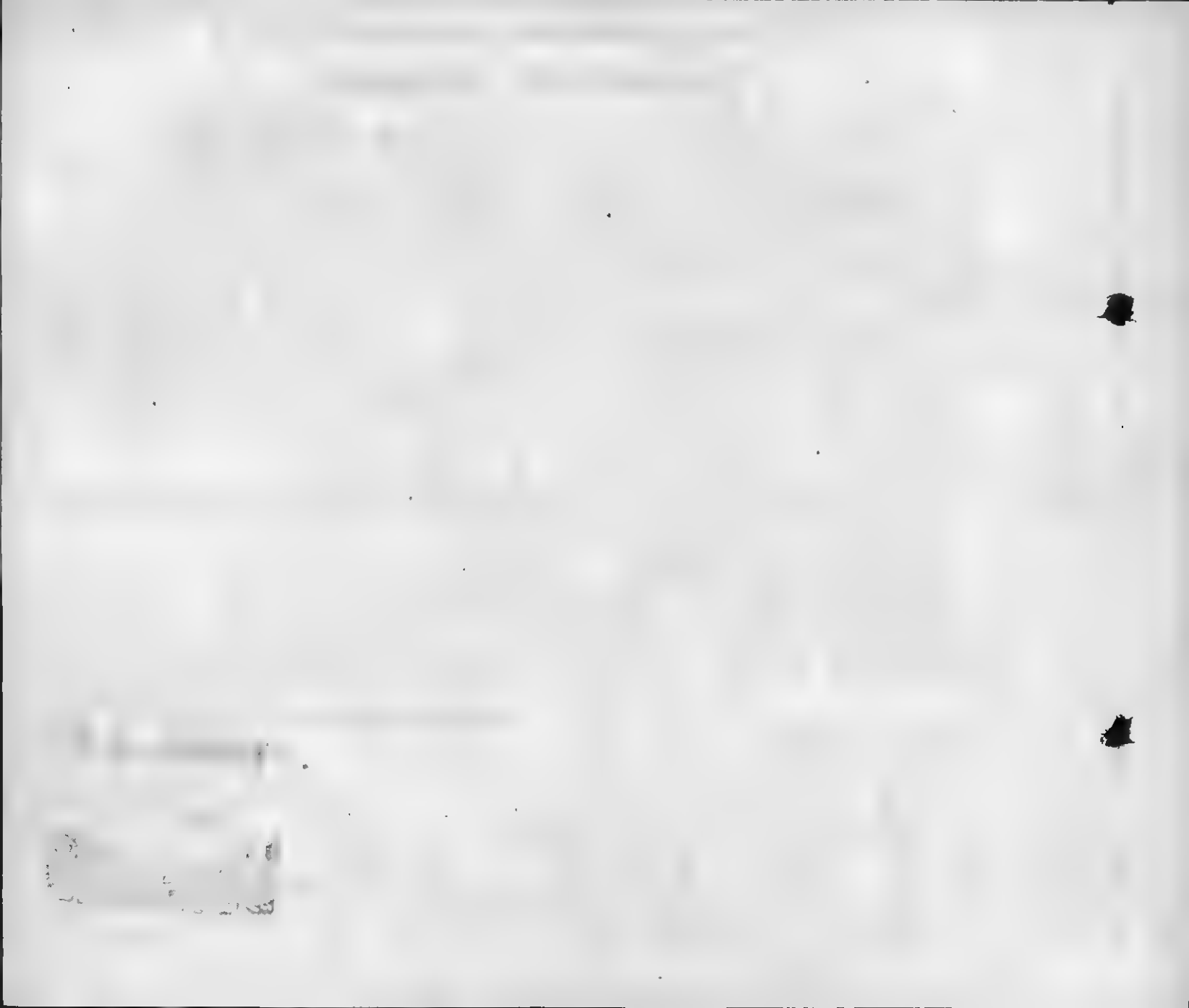
00608

166

Item 9, FilmGL92 2-1-56 et

Reg. Dist. No. ....

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>			
COUNTY <u>GARRETT</u>		STATE <u>MARYLAND</u> COUNTY <u>GARRETT</u>		CITY (If outside corporate limits, write RURAL and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>OAKLAND</u>		LENGTH OF STAY (In this place) <u>5 Hr. 10 Min</u>		TOWN <u>DEER PARK, MARYLAND</u>		STREET ADDRESS (If rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>GARRETT COUNTY MEMORIAL HOSPITAL</u>				STREET ADDRESS			
<b>3. NAME OF DECEASED</b> (First) (Middle) (Last) <u>ANNA</u> <u>ALBERTA</u> <u>GARRETT</u>				<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>JANUARY 16</u> <u>19 56</u>			
<b>5. SEX</b> <u>FEMALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)</b> <u>WIDOWED</u>	<b>8. DATE OF BIRTH</b> <u>2-10-1870</u>	<b>9. AGE last birthday</b> <u>86</u> yrs.	<b>IF UNDER 1 YEAR</b> Months Days Hours Min.		<b>IF UNDER 24 HRS.</b> Hours Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>MARYLAND</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	
<b>13. FATHER'S NAME</b> <u>RICHARD T. BROWNING</u>				<b>14. MOTHER'S MAIDEN NAME</b> <u>HARRIETT TWIGG</u>			
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unk.) (If Yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT &amp; ADDRESS</b> <u>MISS. HARRY BELL BROWNING (SISTER)</u> <u>Deer Park Md.</u>			
<b>I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b>				<b>18. MEDICAL CERTIFICATION</b>			
<u>11421</u> IMMEDIATE CAUSE (A) <u>Hypertension C.V.D. -</u>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSE(S) DUE TO (B) <u>Atherosclerosis</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
<b>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</b>							
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)</b>		<b>21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)</b>		<b>21c. WHERE DID INJURY OCCUR?</b> (City or town) (County) (State)			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED</b> While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from <u>October 11 19 51</u>, to <u>Jan 15 19 56</u>, that I last saw the deceased alive on <u>Dec 15 19 56</u>, and that death occurred at <u>6:55 P.M.</u> from the causes and on the date stated above.</b>							
<b>SIGNATURE</b> <u>[Signature]</u>				<b>ADDRESS</b> (Street, city, town, state) <u>Oakland Md</u>		<b>DATE SIGNED</b> <u>Jan 17 1956</u>	
<b>23. BURIAL, CREMATION, REMOVAL (SPECIFY)</b> <u>Burial</u>		<b>DATE THEREOF</b> <u>Jan 19-1956</u>		<b>NAME OF CEMETERY OR CREMATORY</b> <u>Oakland Md</u>		<b>LOCATION (City, town, or county)</b> <u>Oakland Md</u>	
<b>24. REC'D BY REGISTRAR</b> <u>Jan 19/56</u>		<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>[Signature]</u>		<b>ADDRESS</b> <u>Emory Bolton Oakland Md</u>	





620  
CERTIFICATE OF DEATH

Reg. Dist. No. 166

Iter 11, Film GL92 1-31-56 et

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Garrett</u> MARYLAND				STATE <u>Maryland</u> COUNTY <u>Garrett</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) X TOWN <u>Oakland</u>				CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Accident</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 70 <u>Evans Nursing Home</u>				STREET ADDRESS (If rural give location) <u>-----</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>Anna</u> (Middle) <u>Elizabeth</u> (Last) <u>Glass</u>				(Month) <u>January</u> (Day) <u>14</u> (Year) <u>1956</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>Female</u>	<u>White</u>	<u>Widowed</u>	<u>Feb. 2, 1863</u>	<u>92</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>House Wife</u>		<u>Own Home</u>		<u>Maryland</u>		<u>U.S.A.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>Edward Margroff</u>				<u>Catherine Klotz</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>no</u>		<u>-----</u>		<u>Chris Glass Accident, Md.</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Brindled pneumonia</u>						<u>2 Days</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Arteriosclerosis</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> A. <input type="checkbox"/> P. <input type="checkbox"/>		21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12 Feb.</u> , 19 <u>55</u> , to <u>14 Jan.</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>29 April</u> , 19 <u>55</u> , and that death occurred at <u>2:00 P.M.</u> from the causes and on the date stated above.							
SIGNATURE		ADDRESS (Street, city, town, state)		DATE SIGNED			
<u>W. E. Mauser</u>		<u>Oakland Md</u>		<u>15 Jan 56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>1/17/1956</u>		<u>St. Paul's Cemetery</u>		<u>Accident, Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>1/16/56</u>		<u>J. A. Conway</u>		<u>Herbert C. Frazier</u>		<u>Oakland, Md.</u>	

INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be completed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

RECEIVED

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RECEIVED

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INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00610

621

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>	
COUNTY <i>Sarrett</i>	MARYLAND	STATE <i>Maryland</i>	COUNTY <i>Allegany</i>
CITY (If outside corporate limits, write RURAL and give nearest town) <i>Cumberland</i>	LENGTH OF STAY (in this place) <i>3 mos</i>	CITY (If outside corporate limits, write RURAL and give nearest town) <i>Cumberland</i>	TOWN <i>Cumberland</i>
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Evan's Nursing Home</i>		STREET ADDRESS (If rural give location)	
<b>3. NAME OF DECEASED</b> (Type or Print) <i>GEORGE Edward HAINES</i>		<b>4. DATE OF DEATH</b> (Month) <i>Jan</i> (Day) <i>3</i> (Year) <i>1956</i>	
<b>5. SEX</b> <i>Male</i>	<b>6. COLOR OR RACE</b> <i>White</i>	<b>7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)</b> <i>married</i>	<b>8. DATE OF BIRTH</b> <i>June 6, 1875</i>
<b>9. AGE last birthday</b> <i>80</i> yrs.		<b>10. IF UNDER 1 YEAR</b> (Months) <i>0</i> (Days) <i>0</i> (Hours) <i>0</i> (Min.)	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <i>Farms + R.R.</i>	
<b>11. BIRTHPLACE</b> (State or foreign country) <i>Green Springs Valley, W. Va.</i>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <i>U.S.A.</i>	
<b>13. FATHER'S NAME</b> <i>John W. Haines</i>		<b>14. MOTHER'S MAIDEN NAME</b> <i>Sarah C. Smith</i>	
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unk.) <i>No</i> (If Yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b> <i>None</i>	
<b>17. INFORMANT &amp; ADDRESS</b> <i>Rt. 5, Vocko Rd. U. Mc Gill, Cumberland, Md.</i>			
<b>I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>1. IMMEDIATE CAUSE</b> (A) <i>Coronary Occlusion</i>			<i>18 hrs?</i>
<b>ANTECEDENT CAUSE(S)</b> DUE TO (B) <i>Art. C. V. D.</i>			
<b>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.</b> DUE TO (C) <i>Senility</i>			
<b>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</b>			
<b>19a. DATE OF OPERATION</b> <i>None</i>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)</b>		<b>21b. PLACE (Home, farm, factory, or INJURY street, office bldg., etc.)</b>	
<b>21c. WHERE DID INJURY OCCUR?</b> (City or town) (County) (State)			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED</b> While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from <i>1-2-56</i>, to <i>1-3-56</i>, that I last saw the deceased alive on <i>1-2-56</i>, and that death occurred at <i>2 PM</i>, from the causes and on the date stated above.</b>			
<b>SIGNATURE</b> <i>Thomas J. Gusty</i> M.D.		<b>DATE SIGNED</b> <i>1/3/56</i>	
<b>23. BURIAL, CREMATION, REMOVAL (SPECIFY)</b> <i>Burial</i>		<b>24. REC'D BY REGISTRAR</b> <i>John J. Hafer</i>	
<b>DATE THEREOF</b> <i>JAN. 6, 1956</i>		<b>NAME OF CEMETERY OR CREMATORY</b> <i>Forest Glen Meth. Cem.</i>	
<b>LOCATION (City, town, or county)</b> <i>Green Springs, W. Va.</i>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>John J. Hafer</i>	
<b>25. ADDRESS</b> <i>Cumberland, Md.</i>			

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INSTRUCTIONS

**1** TO ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**2** TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

822

## CERTIFICATE OF DEATH

00611

166

Reg. Dist. No. ....

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>GARRETT</u>		MARYLAND		STATE <u>MD</u>		COUNTY <u>GARRETT</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>CAKLAND</u>				TOWN <u>CAKLAND</u>		<u>MD</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>MARY E. MCCORMICK</u>				<u>JAN 6 1956</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>FEMALE</u>	<u>WHITE</u>	<u>SINGLE</u>	<u>Oct-25-1857</u>	<u>48</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
				<u>Livingston Ind</u>		<u>U.S.A.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>WILLIAM MCCORMICK</u>				<u>JENNIE ROWE</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
				<u>James H. Denton</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A)				<u>Cerebral Vascular Accident</u>			
ANTECEDENT CAUSE(S) DUE TO				<u>Arteriosclerotic Heart Disease</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.				<u>SENILITY</u>			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, or INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED White at work <input type="checkbox"/> Not white at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12-6</u> , 19 <u>55</u> , to <u>1-6</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1-6</u> , 19 <u>56</u> , and that death occurred at <u>582nd St. Oakland Md</u> on <u>1-7-56</u> M, from the causes and on the date stated above.							
SIGNATURE <u>James H. Denton</u>				ADDRESS (Street, city, town, state) <u>582nd St. Oakland Md</u>		DATE SIGNED <u>1-7-56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>BURIAL</u>		<u>JAN-9-1956</u>		<u>ROSEHILL CEMETERY</u>		<u>CUMBERLAND MD</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>1/9/56</u>		<u>John G. Rowan</u>		<u>Emory Rollins</u>		<u>CAKLAND MD</u>	





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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00612

623

## CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Garrett</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Garrett</u>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>RFD 2, Frostburg,</u>		<u>6 Yrs.</u>		TOWN <u>RFD 2, Frostburg</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>William</u> (Middle) <u>Clarence</u> (Last) <u>Preston</u>				(Month) <u>Jan.</u> (Day) <u>5th</u> (Year) <u>19 56</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>Male</u>	<u>White</u>	<u>Married</u>	<u>Sept. 17th, 1898</u>	<u>57</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Carpenter</u>		<u>Carpenter Work</u>		<u>Maryland</u>		<u>USA</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>William Preston</u>				<u>Sarah Corfield</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
(If Yes, give war or dates of service)		<u>220-10-2120</u>		<u>Mrs. Anna E. Preston, RFD 2, F'bg. Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A)				<u>Carcinoma of Stomach</u>			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST. DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH			
				<u>2 yrs.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
				YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year)		21e. INJURY OCCURRED (While at work) (Not while at work)		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7-15</u> , 19 <u>55</u> , to <u>1-5</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1-5</u> , 19 <u>56</u> , and that death occurred at <u>1 P.</u> M, from the causes and on the date stated above.							
SIGNATURE		M.D.		ADDRESS (Street, city, town, state)		DATE SIGNED	
<u>H.C. Diehl</u>		<u>Frostburg, Md.</u>		<u>1/6/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>1-8-56</u>		<u>F'bg. Memorial Park</u>		<u>Frostburg, Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE <u>1/6/56</u>		<u>Ethel Broadwater</u>		<u>Joseph R. Durst, Frostburg, Md.</u>			

W. H. STUBBS

6 N.Y.

25

## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00614

025

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Garrett</u>		STATE <u>Md</u>		COUNTY			
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Cake Land</u>		LENGTH OF STAY (in this place) <u>2 months</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Westernport</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Gar. Co. Mem. Hosp</u>		STREET ADDRESS <u>Main St. Extended</u>		IF rural give location			
3. NAME OF DECEASED (Type or Print) <u>SEYMOUR AUGUST SCHWARZER</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 2 19 56</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Aug 3-18 78</u>	9. AGE last birthday <u>77</u> yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tailor</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Westernport - Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Anthony Schwarzer</u>				14. MOTHER'S MAIDEN NAME <u>Theresa Fisher</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
4 IMMEDIATE CAUSE (A) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>30 hrs</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>Art. C. V. D.</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Similarity</u>							
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21a. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov 19 55</u> to <u>1-2-56</u> , that I last saw the deceased alive on <u>1-2-56</u> , 19 <u>56</u> , and that death occurred at <u>8:15 AM</u> , from the causes and on the date stated above.							
SIGNATURE <u>Thomas J. Fisher</u>				ADDRESS (Street, city, town, state) <u>Cake Land Md</u>		DATE SIGNED <u>1-2-56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>1/6/56</u>		NAME OF CEMETERY OR CREMATORY <u>St Peter's Cem</u>		LOCATION (City, town, or county) (State) <u>Westernport, Md</u>	
24. REC'D BY REGISTRAR <u>1/4/56</u>		REGISTRAR'S SIGNATURE <u>Julia Brown</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Noel</u>		ADDRESS <u>Westernport, Md</u>	



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INSTRUCTIONS

1. TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

2. TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00613

# CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <b>Garrett</b>		STATE <b>Maryland</b>		COUNTY <b>Garrett</b>			
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>Rural Oakland,</b>		LENGTH OF STAY (in this place) <b>23 yrs.</b>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>Rural Oakland,</b>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Home of Thomas Spencer 6 Mi. W. Oakland, Md.</b>				STREET ADDRESS (If rural give location) <b>6 Mi. West Oakland,</b>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <b>Ida</b> (Middle) <b>Belle</b> (Last) <b>Spencer</b>				(Month) <b>Jan. 2,</b> (Day) <b>19</b> (Year) <b>56</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 16, 1868</b>	9. AGE last birthday <b>87</b> yrs.	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (State or foreign country) <b>West Virginia</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Elza W. Thomas</b>				14. MOTHER'S MAIDEN NAME <b>Ella Nutter</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unk.) <b>no</b>		16. SOCIAL SECURITY NO. <b>-----</b>		17. INFORMANT & ADDRESS <b>Thomas Spencer Oakland, Md.</b>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
for immediate cause (A) <b>Myocardial Infarction</b>						<b>16 hours</b>	
DUE TO ANTECEDENT CAUSE(S) <b>Sclerotic Heart Disease</b>						<b>Years</b>	
DUE TO UNDERLYING CAUSE LAST. <b>Hypertension</b>						<b>Years</b>	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. PLACE (Home, farm, factory, of injury street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>9:30</b> , 19 <b>55</b> , to <b>10:10</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>10-15</b> , 19 <b>55</b> , and that death occurred at <b>6 A.M.</b> from the causes and on the date stated above.							
SIGNATURE <b>Ida Spencer</b>				DATE SIGNED <b>1-2-56</b>			
ADDRESS (Street, city, town, state) <b>Oakland Md</b>							
23. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		DATE THEREOF <b>1/5/1956</b>		NAME OF CEMETERY OR CREMATORY <b>Fairview Cemetery</b>		LOCATION (City, town, or county) (State) <b>Tucker Co., W. Va.</b>	
24. RECEIVED BY REGISTRAR <b>1/4/56</b>		REGISTRAR'S SIGNATURE <b>Julia A. Rouse</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Herbert C. [unclear]</b> ADDRESS <b>Oakland, Md.</b>			

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INSTRUCTIONS

**TO ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

826

## CERTIFICATE OF DEATH

Reg. Dist. No. 00615

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>			
COUNTY <u>GARRETT</u>		STATE <u>W. VA.</u>		COUNTY <u>PRESTON</u>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>OAKLAND</u>		<u>3 Hrs. 15 M.</u>		TOWN <u>TERRA ALTA</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>GARRETT COUNTY MEMORIAL HOSPITAL</u>				STREET ADDRESS (If rural give location) <u>RURAL ROUTE # 1</u>			
<b>3. NAME OF DECEASED</b> (First) (Middle) (Last) <u>NITA</u> <u>MURIEL</u> <u>STAHL</u>				<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>1</u> <u>8</u> <u>19 56</u>			
<b>5. SEX</b> <u>FEMALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)</b> <u>MARRIED</u>	<b>8. DATE OF BIRTH</b> <u>3-4-05</u>	<b>9. AGE last birthday</b> <u>50</u> yrs.	<b>IF UNDER 1 YEAR</b> Months Days		<b>IF UNDER 24 HRS.</b> Hours Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>WEST VIRGINIA</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	
<b>13. FATHER'S NAME</b> <u>BURTIE FLOYD SANDERS</u>				<b>14. MOTHER'S MAIDEN NAME</b> <u>ALLETHA FITCHETT</u>			
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unk.) (If Yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT &amp; ADDRESS</b> <u>MR. IRA LEE STAHL ROUTE 1 TERRA ALTA</u>			
<b>I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b>						<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
IMMEDIATE CAUSE (A) <u>Carcinoma of Rt breast with</u>						<u>10 mos</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Metastasis</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
<b>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</b>							
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>					
<b>21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)</b>		<b>21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)</b>		<b>21c. WHERE DID INJURY OCCUR?</b> (City or town) (County) (State)		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from June 11, 1949, to Jan. 8, 1956, that I last saw the deceased alive on Jan. 8, 1956, and that death occurred at 4:00 PM, from the causes and on the date stated above.</b>							
<b>SIGNATURE</b> <u>A. S. Mance</u>				<b>ADDRESS</b> (Street, city, town, state) <u>Oakland Md</u>		<b>DATE SIGNED</b> <u>Jan 8 1956</u>	
<b>23. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>DATE THEREOF</b> <u>1/11/56</u>		<b>NAME OF CEMETERY OR CREMATORY</b> <u>Longwood</u>		<b>LOCATION (City, town, or county) (State)</b> <u>Longwood Va</u>	
<b>24. REC'D BY REGISTRAR</b> <u>1/11/56</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Julia A. Rowen</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>A. H. Branning</u>		<b>ADDRESS</b>	





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INSTRUCTIONS

TO ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 153C 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

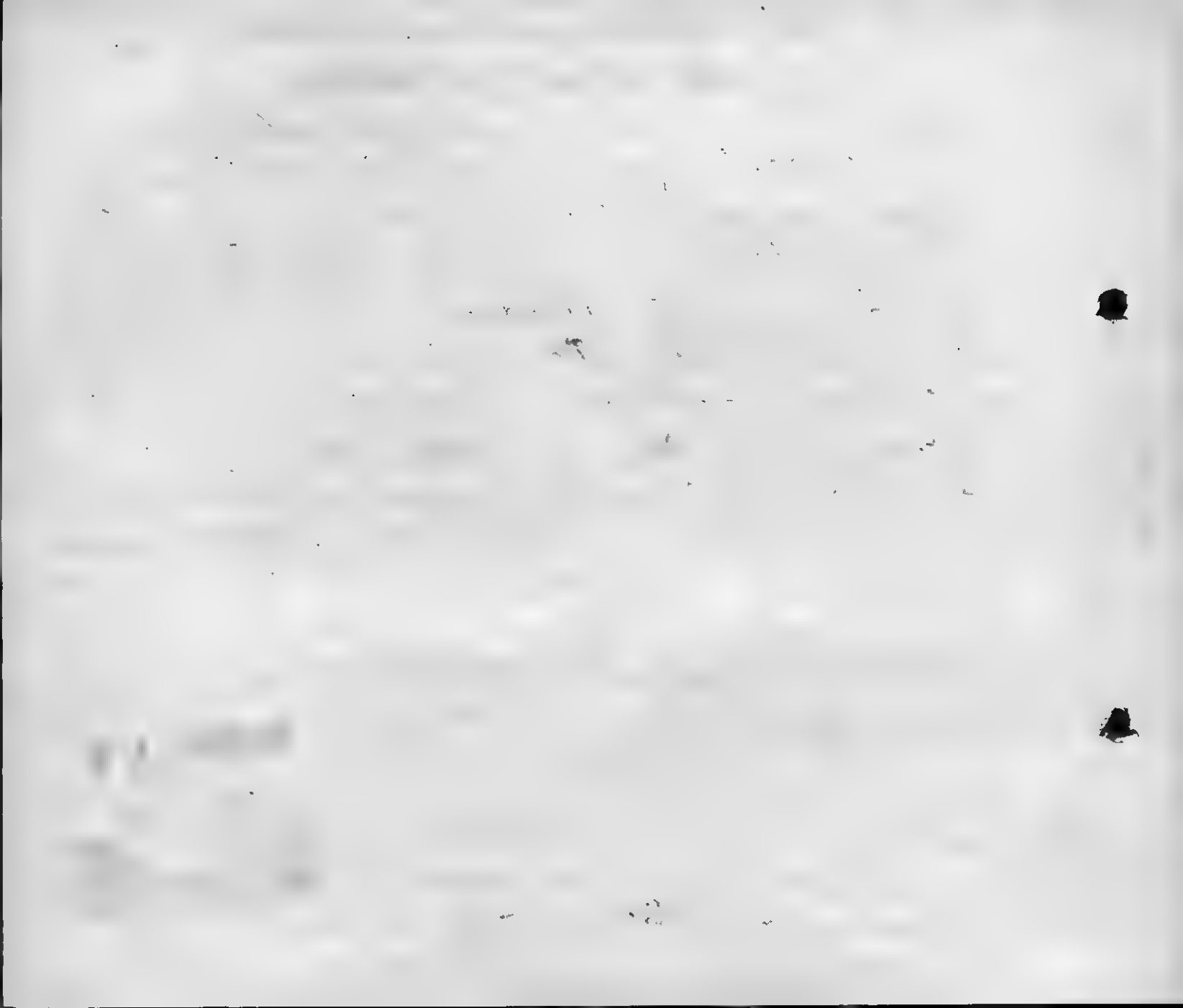
00616

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## CERTIFICATE OF DEATH

Reg. Dist. No. ....

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Harris</u>		MARYLAND		STATE <u>Md</u>		COUNTY <u>Morgan</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Friendsville Md</u>		LENGTH OF STAY (in this place) <u>3 yrs</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Morgan</u>		TOWN <u>Morgan</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>None</u>				STREET ADDRESS (If rural give location) <u>Verona St</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>EDDIE</u> (Middle) <u>-</u> (Last) <u>THORNBERG</u>				(Month) <u>1</u> (Day) <u>24</u> (Year) <u>1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov-21-1875</u>	9. AGE last birthday <u>80</u> yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Iron Plate</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Am Skit Mfg</u>		11. BIRTHPLACE (State or foreign country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13. FATHER'S NAME <u>John Thornberg</u>				14. MOTHER'S MAIDEN NAME <u>Laura Webb</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY NO. <u>255-12-2524</u>		17. INFORMANT & ADDRESS <u>Mrs James Frantz - Friendsville Md</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A) <u>Cerebral Apoplexy (Paralyzed)</u>				INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs.</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>Diabetes Mellitus</u>				<u>6 Months</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>Gangrene - Right Foot</u>				<u>3 weeks</u>			
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Chronic Arthritis</u>							
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <u>at work</u>		21e. INJURY OCCURRED White at work <input type="checkbox"/> Not white at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov. 11, 1955</u> to <u>Jan 24, 1956</u> , that I last saw the deceased alive on <u>Jan 23, 1956</u> , and that death occurred at <u>12:45 P</u> M, from the causes and on the date stated above.							
SIGNATURE <u>Edwin M Price MD</u>				ADDRESS (Street, city, town, state) <u>Confluence Penna</u>		DATE SIGNED <u>Jan 26, 56</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>1-27-56</u>		NAME OF CEMETERY OR CREMATORY <u>Easton Ave. Cem. Morgan</u>		LOCATION (City, town, or county) (State) <u>Md</u>	
24. REC'D BY REGISTRAR <u>Jam. 26 1956</u>		REGISTRAR'S SIGNATURE <u>Mrs Ruth Frantz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W H Haddock</u>		ADDRESS <u>Market Square Pa</u>	



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## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00617

628

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>	
COUNTY <u>GARRETT</u>	STATE <u>MARYLAND</u>	STATE <u>MD</u>	COUNTY <u>GARRETT</u>
CITY (If outside corporate limits, write RURAL and give nearest town) <u>OAKLAND</u>	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) <u>OAKLAND</u>	TOWN <u>X</u>
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	<u>1</u>
<b>3. NAME OF DECEASED</b> (Type or Print)		<b>4. DATE OF DEATH</b> (Month) (Day) (Year)	
<u>ADELIA TOWERS WEST</u>		<u>JAN 10 1956</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JAN-9-1862</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>94</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>OAKLAND MD</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>WILLIAM TOWERS</u>		14. MOTHER'S MAIDEN NAME <u>REBECCA TOTTEM</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.	
(If Yes, give war or dates of service)		17. INFORMANT & ADDRESS <u>ELIZABETH WEST OAKLAND MD</u>	
<b>18. MEDICAL CERTIFICATION</b>			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>450.0</u>			<u>5yrs</u>
IMMEDIATE CAUSE (A) <u>ARTERIO SCLEROSIS</u>			
ANTECEDENT CAUSE(S) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE			
STATING UNDERLYING CAUSE LAST, DUE TO			
(C)			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21a. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Dec.</u> , 19 <u>45</u> , to <u>Jan</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Jan 10</u> , 19 <u>56</u> , and that death occurred at <u>4:30</u> M, from the causes and on the date stated above.			
SIGNATURE <u>E. J. Baumgartner</u>		DATE SIGNED <u>1/12/56</u>	
M.D. <u>Oakland MD</u>		ADDRESS (Street, city, town, state)	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>	DATE THEREOF <u>JAN-13-1956</u>	NAME OF CEMETERY OR CREMATORY <u>OAKLAND CEMETERY</u>	LOCATION (City, town, or county) <u>OAKLAND MD</u>
24. REC'D BY REGISTRAR <u>Jan 13/56</u>	REGISTRAR'S SIGNATURE <u>Julia G Rowan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Emory Bolden</u>	ADDRESS <u>OAKLAND MD</u>

CERTIFICATE OF DEATH

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INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 104

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00618

633

## CERTIFICATE OF DEATH

Reg. Dist. No. 172

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>			
COUNTY <b>GARRETT</b>		STATE <b>MARYLAND</b>		COUNTY <b>GARRETT</b>			
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <b>KITZMILLER</b>		<b>36 yrs.</b>		TOWN <b>KITZMILLER</b>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>00 SPRING STREET</b>				STREET ADDRESS (If rural give location) <b>1 SPRING STREET</b>			
<b>3. NAME OF DECEASED</b> (First) <b>SARAH</b> (Middle) <b>-</b> (Last) <b>YENCENSKY</b>				<b>4. DATE OF DEATH</b> (Month) <b>JAN.</b> (Day) <b>12,</b> (Year) <b>1956</b>			
<b>5. SEX</b> <b>FEMALE</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. SINGLE, MARRIED, WIDOWED, DIVORCED, OR</b> <b>MARRIED</b>	<b>8. DATE OF BIRTH</b> <b>AUG. 15, 1886</b>	<b>9. AGE last birthday</b> <b>69</b> yrs.	<b>IF UNDER 1 YEAR</b> Months <b>12</b> Days <b>19</b>	<b>IF UNDER 24 HRS.</b> Hours <b>19</b> Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housework</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Own Home</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>LITHUANIA</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>LITHUANIA</b>	
<b>13. FATHER'S NAME</b> <b>CARL DZONSKY</b>				<b>14. MOTHER'S MAIDEN NAME</b> <b>UNKNOWN</b>			
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unk.) <b>NO</b> (If Yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b> <b>NONE</b>		<b>17. INFORMANT &amp; ADDRESS</b> <b>MRS. MARY POVISH, KITZMILLER, Md.</b>			
<b>I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b>				<b>18. MEDICAL CERTIFICATION</b>			
<b>420.1</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>			
<b>IMMEDIATE CAUSE (A)</b> <b>Coronary Thrombosis</b>				<b>Interval</b> <b>34 yrs.</b>			
<b>ANTECEDENT CAUSE(S) DUE TO (B)</b> <b>Coronary Heart Disease</b>				<b>52 yrs.</b>			
<b>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)</b> <b>Hypertension</b>							
<b>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</b>							
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)</b>		<b>21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)</b>		<b>21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)</b>			
<b>21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)</b>		<b>21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work <input type="checkbox"/> at work <input type="checkbox"/></b>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from Jan 12, 1956, to Jan 12, 1956, that I last saw the deceased alive on Jan 12, 1956, and that death occurred at 8:45 AM, from the causes and on the date stated above.</b>							
<b>SIGNATURE</b> <b>Ralph Colabek</b>		<b>M.D.</b> <b>Kitzmillers, Md.</b>		<b>DATE SIGNED</b> <b>Jan 12-56</b>			
<b>23. BURIAL, CREMATION, REMOVAL (SPECIFY)</b> <b>BURIAL</b>		<b>DATE THEREOF</b> <b>Jan. 16/56</b>		<b>NAME OF CEMETERY OR CREMATORY</b> <b>Kalbaugh Cemetery</b>		<b>LOCATION (City, town, or county) (State)</b> <b>Elk Garden, W. Va.</b>	
<b>24. REC'D BY REGISTRAR</b>		<b>REGISTRAR'S SIGNATURE</b> <b>AW Parick</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Other F. Sharpless</b>		<b>ADDRESS</b> <b>Blaine, W. Va.</b>	
<b>DATE</b> <b>Jan 14-56</b>							

# CERTIFICATE OF DEATH

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